

Exhibit

44



**MENZIES
AVIATION**

Incorporating **Simplicity USA** and **ASIG**

APPLICANT DECLARATION FORM

This declaration form is applicable to Menzies Aviation and/or any of its subsidiaries (hereinafter referred to as "The Company").

Please read the below carefully and initial each paragraph.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment with the Company shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, to the extent permitted by applicable law, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and / or a blood alcohol test as a condition of employment. By submitting this application for Employment, I hereby consent to either or both of said tests, at the Company's discretion.

I understand that nothing contained in this application, or conveyed during any interview that may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, unless subject to a collective bargaining agreement, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

If, employed by the Company, I agree to abide by my supervisor's reasonable instructions, the work rules and code of conduct, and any other rules and regulations relating to the performance of my job, which I understand is subject to change. The Company and designated representative(s) shall have the maximum discretion permitted by law, in administering, discontinuing, or enhancing any policy, procedure, or benefit plan.

I either have a current driver's license that is not restricted or suspended in any way, or I have fully disclosed to the Company any limitations to or restrictions on my driving privileges.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplies on the application by me.

It is the policy of the Company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, colour, sex, national origin, marital status or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristics protected by Federal, State, and local law.

I, Silvano Campos, acknowledge that I have read the above policy.

Employee Signature

Employee Name (Printed)

Date

MENZIES-000237

will remain in effect for **12 months**. Once expired, it will be retained in the employee file as a documented coaching.

- d) **Final Warning** – Is issued when the employee has not demonstrated their ability to correct the behavior. This level will remain in effect for **18 months**. Once an employee has been on a final warning they have been allowed ample opportunity to correct their behavior and clearly have not done so. This is their last and final opportunity for them to comply with all policies and procedures in all four categories. Any infraction no matter how minor while on an active Final Warning may result in termination. Once expired, it will be retained in the employee file as a documented coaching.

Exceptions or deviations from the normal process may occur whenever the Company deems that circumstances warrant that one or more steps in the process be skipped.

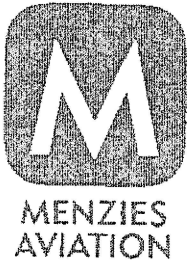
I have read and understand the Employee Performance Development Process above, and hereby agree to abide by this policy.

Date

Employee Signature

Employee Name (Printed)





EMPLOYEE ACKNOWLEDGEMENT OF HANDBOOK

This form is applicable to Menzies Aviation and/or any of its subsidiaries (hereinafter referred to as "The Company").

I _____ hereby acknowledge my understanding that a copy of the employee handbook was made available to me for download during the onboarding process. I also have been notified of where to view a copy of the employee handbook. I understand that it is important for me to review the employee handbook because it provides guidelines on the policies, procedures, and programs affecting my employment with this organization. I understand that the Company can, at its sole discretion, modify, eliminate, revise or deviate from the guidelines and information in this handbook as circumstances or situations warrant.

I also understand that any changes by the Company with respect to its policies, procedures, or programs can supersede, modify or eliminate any of the policies, procedures or programs outlined in this handbook. I accept responsibility for familiarizing myself with the information in this handbook and will seek verification or clarification of its terms or guidance where necessary.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document and nothing in the handbook creates an express or implied contract of employment. I understand that I should consult my supervisor or a representative of the Human Resources department if I have any questions that are not answered in this handbook.

I also understand that, unless subject to a collective bargaining agreement, my employment is at-will and can be terminated by me or by the Company for any or no reason, with or without cause or without notice, or the use of progressive discipline, at any time. This at-will relationship cannot be changed except by a written agreement signed by me and the Executive Vice President, Americas.

Date

Employee Signature

Employee Name (Printed)



EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

As a sub-contractor, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Name

FIRST MIDDLE LAST

Phone

Position: _____

Address

NUMBER STREET CITY STATE ZIP CODE

EEO-1 Survey - If you wish to be identified, please sign below and complete the survey or if you wish not to be identified, sign and check the field below

Signature: _____

OR

___ I decline / do not wish to disclose and sign below.

Continue with EEO-1 Survey:

Gender Check one:

___ Male ___ Female

Ethnicity:

Are you Hispanic or Latino?

___ No, I am not Hispanic or Latino.

___ Yes, I am Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

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A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, ✓, California Driver License Number, ✓,
 hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
 record, to my employer, ✓ COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
 least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
 revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
 (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
 driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT CITY	COUNTY	STATE
✓	✓	✓
DATE	SIGNATURE OF EMPLOYEE	
✓	X ✓	

I, _____, of _____
 AUTHORIZED REPRESENTATIVE COMPANY NAME
 do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
 this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
 requesting driver record information on the above individual to verify the information as provided by said individual. This
 record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
 relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
 unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
 Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
 thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
 understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
 CVC Sections 1808.45 and 1808.46.

EXECUTED AT CITY	COUNTY	STATE
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
 you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
 at www.dmv.ca.gov/otherservices, or by calling 818-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
 MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.



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WORKERS COMPENSATION STATEMENT

This form is applicable to Menzies Aviation and/or any of its subsidiaries (hereinafter referred to as "The Company").

Workers Compensation

Menzies Aviation strives to maintain a safe workplace and limit the number of workplace illnesses and injuries. In the event an employee suffers an occupational illness or injury, the employee shall receive compensation in accordance with applicable workers' compensation laws.

Reporting an Occupational Illness or Injury

If you become ill or are injured while working on the job, you must report the illness or injury immediately, even if you believe the illness or injury is minor or insignificant. Employees are required to report all illnesses or injuries and will not be subject to any disciplinary actions for reporting. Employees who fail to report an illness or injury may be subject to discipline, which may adversely affect their benefits under the workers compensation laws.

To report an occupational illness or injury, you must do the following:

- Report the illness or injury to your supervisor immediately. Every illness or injury must be reported within 24 hours of occurrence.
- Complete all required incident report forms and submit a written statement.

If an employee suffers a workplace injury, the employee is required to submit to a drug and alcohol test by giving a urine sample within 24 hours of the incident, or immediately if so directed by company management. Employee who refuses to submit to such a test will be subject to termination, which may affect their benefits under workers compensation law.

Returning to Work

An employee who is absent due to an occupational illness or injury may not return to work until he or she is physically able to return. Before returning, the employee must present a supervisor with a note signed by his or her treating physician that states the employee may return to work in a full or modified capacity.

I have read and understand the Company's Workers Compensation Statement above.

Date

Employee Signature

Employee Name (Printed)

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